

# Academic Integrity Code of Practice

Including procedures for investigating allegations  
of misconduct in research

**Code of Practice for Academic Integrity, including Procedures for Investigating Allegations of Misconduct in Research**

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# Part 1

## 1. General Principles

**1.1.** As an academic community, Oxford Brookes University has a responsibility to encourage and nurture the highest possible standards of intellectual honesty and integrity. Good research practice is essentially an attitude of mind that becomes an attitude to work. It is about the way in which research is planned and conducted, the results are recorded and reported, and the fruits of research are disseminated, applied and exploited. Good research practice will allow ready verification of the quality and integrity of research data, provide a transparent basis for investigating allegations of misconduct and lead to better research.

**1.2.** This document sets out the procedures of Oxford Brookes University with respect to the promotion of good practice in academic research and the investigation of allegations of academic misconduct. It applies to all employees, students and visiting academics of the University, including persons with honorary positions, conducting research within, or on behalf of, the University. It also details the processes that exist to support the delivery of good research conduct by emphasising the supporting roles that exist within Faculties and the wider University.

**1.3.** In addition to the guidance in this document, the University has a Code of Practice setting out Ethical Standards for Research involving Human Participants and many professional associations also have ethical codes and guidelines for the conduct of research. University staff are expected to comply with such standards. All researchers should be aware of the ethical and legal requirements which regulate their work.

**1.4.** The expectation is that all staff and students conducting research with human participants will seek and obtain ethics approval ahead of any data collection involving human participants.

**1.5.** Research misconduct is least likely to arise in an environment where good research practice is encouraged and where there is adequate supervision and systems of support at all relevant levels. It is a responsibility of Faculty Deans, through their Associate Dean, Research and Knowledge Exchange, to convey clearly the standards and protocols for research in their Faculties and to ensure that adherence to those standards is a matter of course. However, individual researchers remain responsible for their own conduct and all staff should be familiar with the Standards of Professional Behaviour in Research and Principles of Good Practice in Research which are set out in this document.

**1.6.** The Pro Vice-Chancellor, Research and Global Partnerships will make a statement to the Board of Governors each year on actions and activities that have been undertaken to support and strengthen understanding and application of research integrity issues (eg researcher training). This statement will also report on what processes have been undertaken for assessing whether procedures for dealing with allegations of misconduct are transparent, robust and fair and will provide a high-level statement on any formal investigations of research misconduct that have been undertaken.

**The document should be reviewed approximately every two years, or sooner if other guidance occurs which requires an earlier review.**

## **Academic Integrity: 2 & 3 Standards of Professional Behaviour in Research and Principles of Good Practice**

### **2. Standards of Professional Behaviour in Research**

All researchers within Oxford Brookes University have a duty to society, to their profession, to the University and to those funding their research to conduct their research in the most conscientious and responsible manner possible.

### **3. Principles of Good Practice in Research**

**3.1.** The Committee on Standards in Public Life (also known as the Nolan Committee) identifies principles which have relevance to best practice in the conduct of research: integrity, objectivity, accountability, openness, honesty and leadership. Together, these principles provide a foundation for the personal integrity that should be reflected in the professional conduct of research.

#### **3.2. Honesty and integrity**

At the heart of all research endeavour is the need for researchers to be honest and act with integrity in respect of their own actions in research and in their responses to the actions of other researchers. This applies to the whole range of research work, including research design, generating and analysing data, financial management of projects, applying for funding, publishing results and acknowledging the direct and indirect contribution of colleagues, collaborators and others. Researchers should declare and manage any real or potential conflicts of interest. In tandem, researchers should be rigorous in designing and executing research and using appropriate methods; in drawing interpretations and conclusions from research and in communicating the results.

#### **3.3. Openness and objectivity**

The University encourages researchers to be as open and objective as possible in discussing their work with other researchers and with the public. However, researchers need to be sure that before any disclosure of results, they have determined that the Intellectual Property Rights of the University are secured and that the rights of research sponsors, others with legitimate interests in their work and the researchers' own interests are protected. Once results have been published, the University expects researchers to make available relevant data and materials to the wider community, (ref the University's Research Data Management Policy).

#### **3.4. Leadership and accountability**

**3.4.1.** Individuals in authority must set the culture and tone of procedures within any organisation. Within the University it is the responsibility of the Vice-Chancellor, Pro Vice-Chancellor, Research and Global Partnerships, Associate Deans of Research and Knowledge

Exchange and research co-ordinators within Faculties to ensure that a climate is created that allows research to be conducted in accordance with good research practice.

**3.4.2.** Within a research group, responsibility lies with the group leader. University staff members in leadership or supervisory positions have an obligation to foster personal integrity in the conduct of staff and students under their direction. Research group leaders should create an environment of mutual co-operation, in which all members of a research team are encouraged to develop their skills and in which the open exchange of ideas is fostered. The steps that may be needed to ensure good research practice include monitoring the training and supervision of new students and staff and their continuing professional development. Each Faculty should report as part of the Annual Review process on academic integrity issues in their Faculty.

**3.4.3.** Peer review for internal processes. Internal processes also require Research Managers/Leaders to review/assess/consider the research of their colleagues (eg for processes like workload planning, REF inclusion, promotions etc). The principles that manage these processes should also be governed by integrity, transparency and openness.

### **3.5. Education of New Researchers**

Proper induction programmes are important for researchers who are new to the research community. Responsibility for ensuring that students and other new researchers understand good research practice lies with all members of the community, but particularly with Deans of Faculties, Associate Deans, Research and Knowledge Exchange, research co-ordinators within Faculties and research group leaders. In this respect, the University requires that all Faculties have programmes in place which ensure that new student and staff researchers are taken through the University's regulations and codes of practice as well as their expected patterns of research behaviour. Issues relating to this policy are also raised in the 'First Three Years Programme' for new research staff

### **3.6. Documenting Results and Storing Primary Data**

Researchers are required to keep clear and accurate records of the research procedures followed and of the results obtained, including interim results. Research data needs to be managed and stored in accordance with the University's Research Data Management Policy. This is necessary not only as a means of demonstrating proper research practice, but also in case questions are subsequently asked about either the conduct of the research or the results obtained. For similar reasons, data generated in the course of research must be kept securely in paper or electronic form as appropriate. The University requires such data to be securely held for a period of 10 years after the completion of a research project, except where funders require a longer period.

### **3.7. Publishing Results**

It is usually a condition of research funding that the results are published in an appropriate form, subjected to peer review and made available for public scrutiny. Anyone listed as an author on a paper should accept responsibility for ensuring that they are familiar with the contents of the paper and can identify their contribution to it. The practice of honorary authorship is unacceptable. The contribution of formal collaborators and all others who directly assist or indirectly support the research should be properly acknowledged.

### **3.8. Integrity in Submitting Proposals for Funding**

Applicants submitting proposals for funding must take all reasonable measures to ensure the accuracy of information contained in their applications.

### **3.9. Integrity in Undertaking and Managing Research Projects**

**3.9.1.** In applying for or accepting funding, staff should pay close attention to the conditions under which funding is offered: where these do not provide conditions for research to be conducted to the highest professional standards, support should not be sought or accepted. Staff should ensure that sponsors and/or funders appreciate the obligations that members of the University have not only to them, but also to research participants, professional colleagues, the academic community and society as a whole. Research should be undertaken with a view to providing information or explanation and should not be constrained to reach particular conclusions or prescribe particular courses of action.

**3.9.2.** Where the nature or conditions of funding raise ethical issues or the researchers are concerned that they might raise ethical issues, these should be discussed with their Associate Dean for Research and Knowledge Exchange in the first instance. When research is undertaken, researchers and staff managing research projects should take all reasonable measures to ensure compliance with sponsor, institutional, financial, legal, ethical and moral obligations in managing projects. In addition, those engaged in research should show care and respect for all participants in and subjects of research, including humans, animals, the environment and cultural objects. Those engaged with research should also show care and respect for the stewardship of research and scholarship for future generations.

**3.9.3.** In establishing research collaborations researchers should ensure that research partners and their employing institutions are able to meet the required standards of research conduct. This is particularly important in relation to the provenance of intellectual ideas and ownership of research outcomes as well as the specific conditions under which these may be shared. All parties should be clear about their respective roles and responsibilities within the collaboration, when appropriate drawing up written agreements. One example of a model agreement is included in the *OECD 'Practical guide' and boilerplate*. Please contact RBDO for assistance with this in practice

### **3.10. Integrity in Undertaking Peer Review**

When undertaking peer review, staff should ensure that there is no conflict of interest and they comply with the principles of fairness, impartiality and academic rigour.

### **3.11. Research involving animals**

The University does not have an animal house but some research observes animal behaviour, or collects data on animals and in a very small number of cases the University works with other institutions which carry out research relating to animals. Every year, a central log is maintained in RBDO of these activities to ensure compliance with appropriate legislation.

## **Part Two**

### **4. Good Research Conduct Code**

#### **4.1. Context**

This code is relevant to all individuals involved in research, irrespective of the subject of research, including:

- **Researchers employed by or associated with the University (eg if Visiting Researchers quote the University's address on publications)**
- **Research Support Staff**
- **Students** (Misconduct by research students is expected to be managed by the misconduct policy below. Undergraduate and postgraduate student misconduct should follow the relevant student conduct regulations)
- **Research Leaders, Managers and Administrators**

**4.1.1.** All are expected to observe the highest standards of research integrity both in the practice and publication of research. They must operate honestly and openly in respect of their own actions and in response to the actions of others involved in research.

**4.1.2.** The spectrum of inappropriate behaviour is wide, ranging from minor misdemeanours which may happen occasionally and inadvertently, to significant acts of misappropriation or fabrication. This code concentrates on entirely unacceptable types of research conduct. Individuals involved in research must not commit any of the acts of research misconduct specified below.

#### **4.2. Unacceptable Research Conduct**

Allegations should be investigated by the individual's employer and proven case must be notified to the research funder. It should be noted that funder requirements about when they are notified vary and the Funder Addendum must be checked to ensure funders are alerted at the appropriate time.

##### **4.2.1.** Unacceptable conduct includes:

- **Fabrication** - this includes the creation of false data or other aspects of research, including documentation and participant consent.
- **Falsification** - this includes the inappropriate manipulation and/or selection of data, imagery and/or consents.

- **Plagiarism** - this includes the general misappropriation or use of others' ideas, intellectual property or work (written or otherwise), without acknowledgement or permission.
- **Misrepresentation** - this includes:
  - \* Misrepresentation of data, for example suppression of relevant findings and/or data, or knowingly, recklessly or by gross negligence, presenting flawed interpretation of data;
  - \* Undisclosed duplication of publication, including undisclosed duplicate submission of manuscripts for publications;
  - \* Misrepresentation of qualifications and/or experience, including claiming or implying qualifications or experience which are not held;
  - \* Misrepresentation of involvement, such as inappropriate claims to authorship and/or attribution of work where there has been no significant contribution, or the denial of authorship where an author has made a significant contribution.
- **Mismanagement or inadequate preservation of data and/or primary materials, including failure to:**
  - \* Keep clear and accurate records of the research procedures followed and results obtained including interim results;
  - \* Hold records securely in paper or electronic form;
  - \* Make relevant primary data and research evidence accessible to others for reasonable periods after the completion of the research: data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for longer if appropriate;
  - \* Manage data according to the research funder's data policy and all relevant legislation;

In addition:

  - \* Wherever possible, deposit data permanently within a national collection;
  - \* Responsibility for proper management and preservation of data and primary materials is shared between the researcher and the research organisation.
- **Breach of duty of care, which involves deliberately, recklessly or by gross negligence:**
  - \* Disclosing improperly the identity of individuals or groups involved in research without their consent, or other breaches of confidentiality;
  - \* Placing any of those involved in research in danger, whether as subjects, participants or associated individuals, without their prior consent, and without appropriate safeguards even with consent; this includes reputational danger where that can be anticipated;



\* Not taking all reasonable care to ensure that the risks and dangers, the broad objectives and the funder/sponsor of the research are known to participants or their legal representatives, to ensure appropriate informed consent is obtained properly, explicitly and transparently;

\* Not observing legal and reasonable ethical requirements or obligations of care for animal subjects, human organs or tissue used in research, or for the protection of the environment;  
In addition:

\* Conducting improperly peer review of research proposals or results (including manuscripts submitted for publication); this includes failure to disclose conflicts of interest; inadequate disclosure of clearly limited competence; misappropriation of the content of material provided in confidence for peer review purposes;

- **Undertaking research without appropriate ethical clearance by an appropriately qualified Research Ethics Committee**

**Harassing, bullying or other inappropriate behaviours for a line manager or research leader so as to unduly pressure staff into the production of outcomes, results before they are ready (ref also the University's Dignity and respect at work policy)**

4.2.2. If any person believes that a member of staff, University student or honorary or visiting staff or student is behaving in ways that constitute academic misconduct, then he or she has a duty to report that behaviour. If any member of staff wishes to raise any issues relating to research integrity in confidence, then they should contact the Pro Vice-Chancellor, Research and Global Partnerships.

Staff are also referred to the university's social media guidelines ([http://www.brookes.ac.uk/services/hr/handbook/terms\\_conditions/social\\_media\\_guidelines.html](http://www.brookes.ac.uk/services/hr/handbook/terms_conditions/social_media_guidelines.html)) and IT Regulations (<http://obis.brookes.ac.uk/ITRegulations.html>)

## **5. Procedure for Investigating and Acting upon Allegations of Misconduct**

**5.1.** The University is committed to ensuring that all allegations of research misconduct are investigated thoroughly, fairly and expeditiously, and with care and sensitivity. To this end, the procedure for handling allegations of research misconduct is separated into two stages: first, an initial assessment to determine whether there is a prima facie case for an investigation; secondly, a formal investigation to examine and evaluate all the relevant facts and determine whether research misconduct has been committed. Where appropriate, the University will take legal advice on implementing these procedures to ensure that they comply with all legal obligations for the conduct of such investigations..

**5.2.** The identity of any individual or individuals reporting suspected misconduct shall be kept confidential, if so requested and in so far as it is consistent with the proper assessment and investigation of the allegation, and except where the allegation is so serious that the University is obliged to pursue the matter even if confidentiality is breached. In such an event every reasonable effort shall be made to agree a way forward with the complainant but in certain circumstances, for example, allegations of criminal activity, it may be necessary to proceed nonetheless.

**5.3.** The need to conduct all stages of the procedure as efficiently and expeditiously as possible is recognised and the times specified below represent the maximum number of working days by which each stage must be completed; it is expected that in many cases the procedures can be completed much more swiftly.

5.4. The Funder Addendum will be checked to see if and/or when a funder needs to be informed

### **5.5. The Conduct of the Procedure will adhere to the following principles:**

- Information relating to the identity of the individual or individuals about whom a complaint is made and matters arising from this shall only be divulged to others to the extent that it is necessary to conduct a proper investigation. Any individual who takes part in the assessment or the investigation shall keep confidential the matters that have been discussed.
- Any individual who is interviewed in the course of the investigation may be accompanied by a friend or representative if they so choose.
- In all cases the public presumption of innocence is maintained until the investigation process is complete.

### **5.6. Initial Allegation of Research Misconduct**

Any member of the University who believes that an act of research misconduct has occurred or is occurring should notify the Dean of the appropriate Faculty. If, for any reason, this is not possible or appropriate, the individual should contact the Director of Academic & Student Affairs. Any person or organisation external to the University wishing to report suspected research misconduct should contact the Director of Academic & Student Affairs.

## **5.7. Preliminary Action to Determine whether a Formal Investigation is Warranted.**

**5.7.1.** Unless the report of an allegation of research misconduct is clearly frivolous or mistaken, or where the alleged misconduct is of a minor nature suitable for informal resolution, the Dean of Faculty shall inform the Pro Vice-Chancellor, Research and Global Partnerships within 5 working days, identifying any external funding sources for the research which is the subject of the inquiry and any external collaborators. The Dean of Faculty shall also ask the person making the allegation to submit in writing a detailed statement in support of the allegation. The Pro Vice-Chancellor, Research and Global Partnerships may, at their discretion, choose to notify others as appropriate. The Pro Vice-Chancellor, Research and Global Partnerships, may also choose to evaluate anonymous allegations, depending on the seriousness of the issues, their credibility, and the feasibility of confirming the allegation with credible sources.

**5.7.2.** If the allegation clearly involves matters which fall under the criminal law, the Pro Vice-Chancellor, Research and Global Partnerships, will immediately refer it to the police; if it clearly involves misconduct which falls outside the definition in section 4 (Academic Misconduct), it shall be referred immediately to the Director of Human Resources in the case of University staff and to the Academic Registrar in the case of University students. Each will then decide whether and how to deal with the alleged misconduct under the relevant disciplinary procedures. Otherwise, the Pro Vice-Chancellor, Research and Global Partnerships shall, within a maximum of 10 working days of the allegation being reported, appoint an Assessment Team consisting of individuals who have no conflicts of interest in the case and have expertise to evaluate the appropriate research issues. Where feasible, the Assessment Team shall consist of one senior person with appropriate subject knowledge from within the Faculty where the alleged academic misconduct occurred, and one senior person from another Faculty; in exceptional circumstances, a third person may also be appointed from elsewhere in the University. The person appointed from outside the Faculty in which the research was carried out shall chair the team. At this point, the Pro Vice-Chancellor, Research and Global Partnerships will also advise the respondent in writing, who will also be given a copy of the University's Code of Practice for Academic Integrity, including Procedures for Investigating Allegations of Misconduct in Research.

**5.7.3.** The assessment should be regarded as a 'light touch' procedure. The Assessment Team shall specifically limit its scope to that of evaluating the facts only in order to determine whether there is sufficient evidence of research misconduct to warrant an investigation. The Assessment Team should keep proper records of their proceedings.

**5.7.5.** The assessment will normally involve the Assessment Team examining relevant research records and materials and may involve taking written evidence from key parties including the respondent.

**5.7.6.** The Assessment Team shall complete the assessment and submit its report in writing to the Pro Vice-Chancellor, Research and Global Partnerships within a maximum of 30 working days from the date the team is appointed. The report should state what evidence was reviewed, summarise relevant evidence and draw conclusions as to whether an investigation is warranted.

**5.7.7.** The Pro Vice-Chancellor, Research and Global Partnerships shall determine from the report whether:

- a formal investigation should be conducted; or
- the allegation should be dismissed; or
- some other appropriate action should be taken.

The complainant, respondent and the Assessment Team will be informed in writing of the decision within 10 working days of the Pro Vice-Chancellor, Research and Global Partnerships receiving the report. If the Vice-Chancellor or the Chair of Governors has been informed of the allegation, he or she will also be informed of the decision.

## **5.8. Formal Investigation**

The purpose of the Formal Investigation is to examine and evaluate all relevant facts to determine whether research misconduct has been committed and, if so, the responsible person(s) and the seriousness of the misconduct.

**5.8.1.** If the decision is that an Investigation shall be conducted, the Pro Vice-Chancellor, Research and Global Partnerships shall notify appropriate persons including the Vice-Chancellor, the Chair of Governors, appropriate external funding bodies and other collaborators. In the case of honorary or visiting staff, the employer should be informed that an investigation is taking place; similarly, in the case of a visiting student, the institution at which he or she is registered should be informed that an investigation is taking place. However, it is also essential to limit circulation of details of the allegation strictly to those who have a real interest, and to protect the identity of the potentially innocent respondent.

**5.8.2.** The Pro Vice-Chancellor, Research and Global Partnerships shall appoint an Investigation Panel, within a maximum of 15 working days after the decision to proceed to this stage. The Investigation Panel will consist of at least three individuals who have no conflicts of interest in the case and have expertise to evaluate the appropriate research issues. The Investigation Panel should include one senior person from within the Faculty where the alleged academic misconduct occurred, one senior person from elsewhere in the University and one peer professional external to the University. No member of the Assessment Team may serve on the Investigation Panel. The University member who is not from the Faculty in which the research was carried out will chair the Panel. The Panel must keep meticulous written records of the proceedings.

**5.8.3.** As soon as the Panel is appointed, it will appoint an appropriate secretary, who shall notify the respondent in writing of the allegation, the membership of the Panel and of the Panel's intended procedure, and invite him or her to respond to the allegation and the composition of the Panel, normally within 15 working days. The Pro Vice-Chancellor, Research and Global Partnerships will consider any response made by the respondent to the membership of the Panel and may, at his or her discretion, alter the Panel as appropriate.

**5.8.4.** The Panel shall determine its own detailed procedure. Specifically, it will:

- interview the respondent and such other parties as it chooses, including the complainant;

- require the respondent - and if it judges it necessary, other members of the University - to produce files, notebooks and other records;
- make a formal written record of each interview and agree it with the respondent.

It may also:

- widen the scope of its investigation if it considers that necessary;
- seek evidence from other parties, for example in the case of visiting students or academics, it may wish to speak to the employing or host institution.

**5.8.5.** The Investigation Panel shall submit a report of its findings and recommendations in writing within a maximum of three months of the panel being appointed to the Pro Vice-Chancellor, Research and Global Partnerships. The report shall describe the investigative process, indicating whether or not it finds the allegations proven, in whole or in part, and giving reasons for its conclusions. Such matters will be decided on the balance of probabilities.

**5.8.6.** Where the allegations have been upheld, the Investigation Panel may also make recommendations for changes in University guidance, procedures or policy to prevent a recurrence of misconduct or allegations of misconduct similar to that which has been investigated.

**5.8.7.** The Pro Vice-Chancellor, Research and Global Partnerships will provide a copy of the Panel's Report to the respondent, the complainant, the Vice-Chancellor, the relevant Dean of Faculty and any other persons or bodies as he or she deems appropriate.

## **5.9. Review**

**5.9.1.** If the respondent is dissatisfied with the outcome of the investigation, and the above procedure has been exhausted, he or she may request that the matter be reviewed by an independent person appointed for the purpose. The request, stating the grounds for dissatisfaction, must be made in writing to the Chair of Governors, and lodged within 10 working days of the findings being made available to the respondent.

**5.9.2.** The purpose of the independent review shall be:

- to consider whether the investigation has been adequately handled; and
- to consider whether the response to the allegation was reasonable in all the circumstances.

**5.9.3.** The Chair of Governors shall, within 10 working days, appoint a senior academic (from within/without) the University, who has the necessary skills to conduct a review and has not previously had a role in the investigations, as a Reviewer.

**5.9.4.** The review will not entail oral hearings but the Reviewer will have the right to interview the complainant, the respondent and any other persons, including those involved in the investigation of the allegations. New evidence or relevant material may be considered at the discretion of the individual conducting the appeal.

**5.9.5.** The Reviewer shall provide a written report, within 20 working days of appointment, to the Chair of Governors. The Report should describe the conduct of the review, set out his or her conclusions and give reasons for those conclusions. If the Reviewer concludes that the original investigation and decision were sound, he or she shall so report to the Chair of Governors.

**5.9.6.** Where the Reviewer concludes that the original investigation and decision were sound, the Chair of Governors shall take the decision that the original decision was sound. Otherwise, the Chair of Governors will determine whether to:

- Alter the decision of the Investigation Panel in accordance with the Report of the Reviewer.
- Refer the allegations back for further investigation.
- Take such other action as may be deemed appropriate.

**5.9.7.** The Chair of Governors will notify the decisions arising from the review in writing within 10 working days, to the respondent, the complainant, the Vice-Chancellor, Pro Vice-Chancellor, Research and Global Partnerships, the relevant Dean of Faculty and any other persons or bodies as he or she deems appropriate. The decision of the Chair of Governors is final.

## **5.10. Subsequent Action**

**5.10.1.** If the allegation has been found to be proven, in whole or in part, the Pro Vice-Chancellor, Research and Global Partnerships will determine what action needs to be taken, based on the outcomes of the investigations. Such action may include:

- Conveying the outcomes of the investigations to any relevant professional body or grant-awarding bodies or any other public body with any interest; the editors of any journals which have published articles by the person against whom the allegation has been upheld; and in the case of honorary or visiting staff or student, conveying the outcomes of the investigations to his or her employer or the institution at which he or she is registered;
- Referring the case to formal disciplinary proceedings, under the University's published disciplinary procedures or other relevant bodies' procedures where that prevails, against the individual against whom the allegation has been upheld. In the case of a Research Student, the matter would be referred to the University's Student Conduct Regulations and the review panel convened to review the case should comply with Section 20.3.8 of the Research Degree Regulations and be comprised as follows:
  - a member of the Senior Management Team as Chair (preferably PVC for Research & Global Partnerships);
  - one Associate Dean for Research and Knowledge Exchange or Head of Department;
  - one Professor, experienced supervisor or research active member of staff;
  - two research degree students nominated by the President of the Students' Union;
  - the Academic Registrar or deputy as secretary.
  - None of the members of the panel shall be a member of staff or a student in the candidate's Faculty. At least two members of the panel shall have significant experience of research degree examining.

- Instructing the Research and Business Development Office not to process any grant applications by the individual against whom the allegation has been upheld; any other actions which may be deemed appropriate, eg withdrawal of ethics approvals.

**5.10.2.** Responsibility for determining actions against honorary or visiting staff or students lies with the institution at which he or she is employed or registered, although Oxford Brookes may also wish to withdraw some or all of any access or status rights held by it.

**5.10.3.** If the allegation has not been upheld, all reasonable and appropriate steps will be taken to preserve the good reputation of the respondent and to protect the complainant from victimisation. If the case has received any publicity, the respondent shall be offered the possibility of having an official statement released by the University to the press or other relevant parties, or both.

**5.10.4.** If the complainant's allegation was found to be malicious, the Pro Vice-Chancellor, Research and Global Partnerships may recommend that action be initiated under the University's published disciplinary procedures.

**5.10.5.** The Pro Vice-Chancellor, Research and Global Partnerships will provide a statement of the subsequent action to be taken, in writing, to the respondent, the complainant, the Vice-Chancellor, the relevant Dean of Faculty and any other persons or bodies as he or she deems appropriate.

## **Academic Integrity: 6**

### **6. Bibliography**

**6.1.** In formulating this Code of Practice, the University has drawn heavily upon the BBSRC's Statement on Safeguarding Good Scientific Practice and on the University of Glasgow's draft Code of Policy and Procedures for Investigating and Resolving Allegations of Misconduct in Research. The University also wishes to acknowledge the use of the following documents:

- University of Glasgow, Code of Good Practice in Research.
- University of Kent at Canterbury, Good practice and misconduct in academic research: a policy document.
- University of Oxford, Academic Integrity in Research: Code of Practice and Procedure.
- British Sociological Association, Proposed new statement of ethical practice for the British Sociological Association, March 2002.
- Department of Health, Research Governance Framework for Health & Social Care.
- Engineering and Physical Sciences Research Council, Good Practice in Scientific and Engineering Research.
- ESRC, Safeguarding Good Scientific Practice.
- Medical Research Council, Policy and Procedure for Inquiring into Allegations of Scientific Misconduct.
- Medical Research Council, Good Research Practice.
- Safeguarding Good Scientific Practice: A joint statement by the Director General of the Research Councils and the Chief Executives of the UK Research Councils, December 1998.
- Universities UK, Concordat to support research integrity, July 2012.
- RCUK Policy and Guidelines on Governance of Good Research Conduct, updated 1 April 2017.
- The Wellcome Trust, Guidelines on Good Research Practice., updated October 2017



## **Funder addendum**

Not all funders may make explicit statements about when they wish to be informed on misconduct allegations. Where that is the case, then the funder should be contacted at the point at which it is established that a current or previous grant holder from that funder will undergo preliminary action ie point 5.7.1 of the process.

## **Funder-specific requirements regarding notification of allegations or investigations of misconduct**

### **RCUK**

The RCUK must be notified in the first instance at stage 5.7.1 – once it has been established that an allegation is not clearly frivolous or mistaken. RCUK require that they are informed of such allegations regarding any one they fund, or are engaged with, at the stage at which it is decided to undertake an informal enquiry.

The RCUK definition of who they are engaged with includes someone acting as a supervisor for an RCUK postgraduate student or engaged with peer review activities as well as current or previous grant holders, even if it is about work not connected with a grant from the RCUK. The relevant Council should be notified of these informal proceedings.

RCUK must be kept informed of the outcome of informal or formal enquiries and of any disciplinary hearings. RCUK may wish to seek observer status on formal investigations if the circumstances warrant it.

Reference should be made to the full policy document for specifics once it has been established that the RCUK are affected

*RCUK Policy and Guidelines on Governance of Good Research Practice, updated April 2017*  
(<http://www.rcuk.ac.uk/publications/researchers/grc/>)

### **Royal Society**

The Royal Society's research integrity statement says that institutions investigating allegations should make appropriate notification to funders at the conclusion of the process.

*Royal Society Research Integrity Statement, October 2017* (<https://royalsociety.org/topics-policy/publications/2017/research-integrity-statement/>)

### **Wellcome Trust**

Wellcome's Director of Grants must be informed about any allegations of research misconduct made against employees who are funded by the Wellcome or have an application for funding under consideration.

Wellcome must be kept informed during the process of investigation of any allegations. Wellcome may choose to send a representative to observe any formal inquiry.

Wellcome must be informed of the outcome of the investigation as soon as it is known and must be sent a copy of the final investigation report.

*Wellcome Trust Policy on Research Misconduct, updated October 2017*  
(<https://wellcome.ac.uk/funding/managing-grant/research-misconduct>)

**Addendum updated January 2018**

## Procedures for Investigating and Acting upon Allegations of Misconduct

1. **Complainant** (named or anonymous) submits initial report of concern to **Dean of Faculty** (or **PVC Research & GP** if Dean is implicated in the

### Preliminary Review

2. Preliminary review undertaken by **Dean** (or **PVC Research & GP** if Dean implicated) to determine whether or not the concern is clearly frivolous or mistaken. [decision made within 5 working days]. Funder addendum to be checked at this point and funder requirements followed as appropriate

If **Yes**

Inform complainant and individual against whom the allegations have been made (respondent) accordingly and take no further action

If **No**

Consider whether the allegation falls within criminal law

If **Yes** – Refer immediately to the police to deal with and take no further action

If **No** – Consider whether allegation involves misconduct which falls outside misconduct in research

If **Yes** – Does this involve staff, research students, or other students?

If **No** – Inform PVC Research & GP, who will proceed with step 3

If Staff or research students, refer to Director of Human Resources to determine how to proceed (Disciplinary Procedures)

If other students, refer to appropriate Academic Registrar to determine how to proceed (Student Conduct Regulations and Procedures)

## Assessment Panel

3. Where conclusion of Preliminary Review is that the concern is not clearly frivolous or mistaken, **PVC Research & GP** appoints an Assessment Team consisting of one senior academic with subject specific knowledge and one from another Faculty (in exceptional circumstances a third may be appointed) and informs respondent of the complaint and membership of the Assessment Team. [appointed within 3 working days]

4. **Assessment Team** conducts 'light touch' review of research records and/or written statements from key parties to determine whether or not there is a prima facie case to answer and reports to PVC Research & GP. [reports within 30 working days]

**If Yes**

PVC Research & GP informs complainant and respondent accordingly and proceeds to step 5. [within 3 working days of receiving report]

**If No**

PVC Research & GP considers whether report indicates that any alternative disciplinary or remedial action should be taken

**If Yes** – PVC Research & GP refers complaint to appropriate individual to deal with, informs complainant and respondent accordingly and takes no further action [within 10 working days of

**If No** - PVC Research & GP Informs complainant and respondent that there is no case to answer and takes no further action [within 10 working days of

## Investigation Panel

5. Where Assessment Panel concludes there is a prima facie case to answer, **PVC Research & GP** appoints Investigation Panel consisting of three senior academics with expertise to evaluate the research issues, including one from another Faculty and one from outside the University, and a secretary provided by Research and Business Development Office, and informs the respondent of the membership of the Panel. [appointed within 15

6. **Investigation Panel Secretary** notifies respondent in writing of the allegations, membership of Investigation Panel and Panel's intended procedures and invites respondent to respond within 5 working days. [Notified within 15 working days]

If respondent **requests**, PVC Research may alter membership of Panel

7. **Investigation Panel** conducts investigation, including research records and evidence from other parties, making a written record of any oral evidence, and submits to the PVC Research a Report of its findings, conclusions as to whether or not, on the balance of probabilities, the allegations are upheld, and any other recommendations. [reports within 30 working days]

8. **PVC Research & GP** provides a copy of the Report to the respondent, the complainant and the relevant Dean. [within 3 working days]

If allegations **Upheld**

Inform respondent that he/she may request an independent review of Report [to be made in writing within 10 working days]

If Respondent **requests** a review, PVC Research & **GP** proceeds to **step 9** [within 3 working days]

If Respondent does **not request** a review, PVC Research & GP proceeds to **step 11** [within 3 working days]

If allegations **Not Upheld**

Consider whether Report indicates that any alternative disciplinary or remedial action should be taken, or any other action recommended by the Investigation Panel

If **Yes** – Refer to appropriate individuals to deal with, inform complainant and respondent in writing accordingly and take no further action [within 3 working days]

If **No** – Inform complainant and respondent in writing that no further action will be taken [within 3 working days]

## Independent Review

9. Where respondent requests an independent review, made in writing to the Chair of Governors, **PVC Research & GP** appoints as Independent Reviewer a senior academic with the necessary skills, from within/without the University but with no previous contact with the investigation, to consider whether the investigation was adequately and appropriately handled and whether the response to the allegations was reasonable in the circumstances. [appointed within 10 working days]

10. **Independent Reviewer** considers the Report and any other relevant material and/or conducts interviews with key parties including complainant, respondent and members of Investigation Panel and submits to the PVC Research a Report of his/her conclusions and reasons for those conclusions. [reports within 20 working days]

If conclusions of Investigation Panel found to be **Sound**

**Chair of Governors** informs complainant and respondent accordingly and proceeds to step 11 [within 3 working days of receiving report]

If conclusions of Investigation Panel found to be **Not Sound**

**Chair of Governors** determines whether or not to alter the decision of the Investigation Panel in accordance with the Report of the Independent Reviewer

If **Yes** –Take appropriate action which, in addition to altering decision of Investigation Panel, may include accepting the recommendations of the Independent Reviewer, referring the allegations back for further investigation, and/or taking any other action deemed appropriate, and inform respondent and complainant in writing accordingly [within 5 working days of receiving report]

If **No** – Inform respondent and complainant in writing accordingly and proceed to step 11 [within 5 working days of receiving report]

## **Subsequent Actions**

11. Where the allegations are upheld by the Investigation Panel and, where relevant, by the Independent Reviewer, the **PVC Research & GP** refers the respondent to formal disciplinary proceedings, which for staff are the described in the University's **Disciplinary Procedures** and for students are described in the **Student Conduct Regulations and Procedures (including Appendices)** and, on the basis of the previous Reports; determines what other actions are to be taken; and informs the respondent and complainant in writing accordingly. [within 5 working days]

12. Where the allegations are not upheld by the Investigation Panel or, where relevant, by the Independent Reviewer and PVC Research & GP, the **PVC Research & GP** will take all reasonable and appropriate steps to preserve the good reputation of the respondent and to protect the complainant from victimisation. Where the complainant's allegation was found to be malicious, the PVC Research and GP may recommend action be initiated under the University's Disciplinary Procedures for staff or Student Conduct Regulations and Procedures.